PTO/SB/22 (10-00)

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PEIIII	ON FOR EXT	ENSION OF	TIME UNDER 37, C	FR 1.136(a)		05213-0640			
			In re Application of	Michael S. O'REI	ILL`	Y, et al.			
			Application Number	09/405,499	F	iled September 23, 1999			
		thereof	7						
			Group Art Unit 1642	Examiner S. Huff			1		
This is respo	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.								
The re		sion and appro	opriate non-small-entit	ty fee are as follo	ws		[D		
	☐ One n	nonth (37 CFR	1.17(a)(1))			\$	100		
	☐ Two m	nonths (37 CFF	R 1.17(a)(2))			\$			
		months (37 Cf	FR 1.17(a)(3))			\$ <u>920.0</u> 0	11-30-02		
	☐ Four	months (37 CF	R 1.17(a)(4))			\$	1-3000		
	☐ Five n	nonths (37 CFI	R 1.17(a)(5))			\$	()		
\boxtimes	Applicant clair	ms small entity	status. See 37 CFR	1.27. Therefore	, th	e fee amount shown			
\boxtimes	above is redu	iced by one-ha	lf, and the resulting fe	e is: \$ <u>460.00</u> .					
			e fee is enclosed. m PTO-2038 is attacl	ho d					
			ady been authorized to		thic	•			
	application to	a Deposit Acc	ount.						
\boxtimes	The Commiss	sioner is hereby	y authorized to charge	any fees which	ma	y be required,			
	or credit any	overpayment,	to Deposit Account No	umber <u>11-0855</u> .					
I am the	applicant/i	nventor.	copy of this sheet.						
			entire interest. See	37 CED 2 74			0		
			R 3.73(b) is enclosed		2/04	2)			
		r agent of reco		4. (FUIII PTU/SE) y (o).	1		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 22, 2002

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 39,549.

Date

Signature

Houri Khalilian, Ph.D.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for

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